

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 326557 (6)

1. Corporation Name
GARDEN COVE OCEANSIDE MARINA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 SW 27TH AVE MIAMI FL 33133	Mailing Address 2600 SW 27TH AVE MIAMI FL 33133
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3. Date Incorporated or Qualified 02/20/1968	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0350730	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2053 SECOFFEE ST.	2a. Mailing Address 26 2053 SECOFFEE ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIA. FL	City & State 28 MIA. FL
Zip 24 33133	Country 25 DADE
	Country 30 DADE

9. Name and Address of Current Registered Agent

~~TAYLOR, ROBERT M.
2600 SW 27TH AVE
MIAMI, FL
33109~~

10. Name and Address of New Registered Agent

81 Name RON BAKER
82 Street Address (P.O. Box Number Not Acceptable) 4675 PONCE DE LEON BLVD.
83 # 301
84 City CORAL GABLES
85 Zip Code FL 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/24/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, ROBERT M 2600 SW 27TH AVE MIAMI, FL 00000	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARY L 2600 SW 27TH AVE MIAMI, FL 00000	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	2053 SECOFFEE ST.
1.4 CITY-ST-ZIP	MIA FL 33133
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	2053 SECOFFEE ST.
2.4 CITY-ST-ZIP	MIA. FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/24/98 305-856-8080**

CFR2034 (10/97)